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Drivers
License



CITY OF SALEM, VIRGINIA
UTILITY COLLECTION DEPARTMENT
PHONE (540) 375-3021 * FAX (540) 443-8874
P. O. Box 869, SALEM, VIRGINIA, 24153-0869

(*MUST HAVE ONE BUSINESS DAY***)**

Are you: **Renting** _____ **Purchasing** _____ **Date to start service** _____

ACCOUNT HOLDER NAME (ONE PERSON): _____

HOME PHONE: () _____ CELL: () _____

EMPLOYER _____ EMPLOYER PHONE: () _____

EMAIL ADDRESS: _____

I GIVE PERMISSION FOR THE FOLLOWING PERSON(S) TO DISCUSS THIS UTILITY ACCOUNT:

NAME(S) ON LEASE OR DEED: _____

PROPERTY OWNER/MANAGER _____ **PHONE:** _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE () _____

APPLYING FOR UTILITY SERVICE AT ADDRESS LISTED BELOW:

STREET _____

Apt. or Unit # _____ SALEM, VIRGINIA 24153

ADDRESS YOU WOULD LIKE THE BILLS MAILED TO (IF DIFFERENT FROM SERVICE ADDRESS)

PREVIOUS ADDRESS:

STREET _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

OFFICE USE:

INITIALS: _____

ACCOUNT # _____

Security Deposit _____

Service Charge _____

Address Verified _____

IMPORTANT TAX INFORMATION:

YOU ARE REQUIRED TO FURNISH US WITH YOUR CORRECT TAX PAYER IDENTIFICATION NUMBER (TIN) REGARDLESS OF UNDER FEDERAL INCOME TAX LAW, WE ARE REQUIRED TO FILE FORM 1099 WITH THE IRS TO REPORT CERTAIN PAYMENTS MADE WHETHER PAYMENTS MADE TO YOU ARE REPORTABLE. WE ARE REQUESTING THE INFORMATION BELOW TO COMPLY WITH THE LAW. THIS INFORMATION MAY BE SHARED WITH OTHER DEPARTMENTS WITHIN THE CITY OF SALEM.

PLEASE COMPLETE THE INFORMATION BELOW REGARDING YOUR ACCOUNT WITH US. IF YOU ARE AN INDIVIDUAL OR SOLE PROPRIETOR, YOU SHOULD PROVIDE YOUR SOCIAL SECURITY NUMBER (SS#) AS YOUR TIN. IF YOU ARE OPERATING AS A PARTNERSHIP, CORPORATION, OR OTHER ENTITY, YOUR CORRECT TIN IS YOUR FEDERAL IDENTIFICATION NUMBER.

SOCIAL SECURITY OR FEDERAL ID NUMBER _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE TIN PROVIDED ABOVE IS CORRECT (OR I AM WAITING FOR A TIN TO BE ISSUED), THE ORGANIZATION ENTITY AND ALL OTHER INFORMATION PROVIDED IS ACCURATE, AND I AM NOT SUBJECT TO BACK UP WITHHOLDING AS A RESULT OF A FAILURE TO REPORT ALL INTEREST AND DIVIDENDS OR THE INTERNAL REVENUE SERVICE HAS NOTIFIED ME THAT I AM NO LONGER TO BACK UP WITHHOLDING.

SIGNATURE: _____ **DATE:** _____